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Are Nurses Afraid?

An acute observer of nurses and nursing once remarked that if we would just get on with our own work every nurse in Canada would be kept busy. He said that the trouble with us is that we are so busy picking and choosing that the medical profession and the public get tired of waiting for us to make up our minds. The net result is that some other worker gets the job and we are left lamenting.

Perhaps we may think that this criticism is unduly severe, but if we are honest with ourselves we must admit that there are some fields of nursing service which we have grievously neglected and chief among these is the bedside care of patients suffering from tuberculosis. Before the depression brought us to our senses, it was almost impossible to persuade graduate nurses to accept staff appointments in sanatoria, and even yet it is none too easy. Why do nurses reject steady employment under relatively good conditions and prefer to accept the uncertainties of private duty nursing? There must be a reason — what is it?

If we told the truth, many of us would confess that we are afraid of tuberculosis. And who can deny that this fear has to some extent been justified? There is ample evidence that *in the past* the incidence of tuberculosis among nurses has been disgracefully high. But things are better now. During the last five years there has been a marked improvement and the fear of infection need no longer deter young nurses who are alert to the opportunities which this particular service affords them. By way of proof we offer this *Journal*. In it Maude Wilkinson states the case for affiliation, and Agnes Tennant tells us what can be done in general hospitals. With uncanny insight, Helen Cahill shows us tuberculosis through the clear eyes of a boy. Last but not least, Mary Cloney, a student nurse, tells us not to miss our chance.

The Case for Affiliation

MAUDE WILKINSON
Lady Superintendent,
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We are told that 50 percent of the diagnosed cases of tuberculosis are not discovered until well advanced. It is not improbable that at sometime during their illness these patients were in hospital unlabelled, and cared for by nurses ignorant of their diagnosis. Is it any wonder that the incidence of tuberculosis is so great among young students and graduate nurses working in general hospitals? Can we use, as an excuse for omitting affiliation, the fact that the curriculum is over-crowded, or deny a larger share of the students' time to the study of a disease that is claiming a percentage of 59.9 per 100,000 of our population in Canada, an average of 6,600 lives a year?

Assuming then the need for greater knowledge of tuberculosis, how are students to obtain this experience and is affiliation with Sanatoria indicated? The Curriculum suggests as an alternative to affiliation the organization of a special department within the general hospital. Unfortunately, however, few general hospitals are adequately equipped or staffed for this purpose. Furthermore, the student nurse, observing the tuberculous patient in the general hospital, sees only one phase of the disease, usually the hopeless phase. She is taught to observe 'isolation technique', she thinks of tuberculosis as an 'isolated disease'. We believe it is necessary for nurses-in-training, for their own protection, to become 'tuberculosis conscious', and for them to have knowledge of the extent of the disease and opportunity to study it in its entirety.

In approved Sanatoria, the prescribed lecture course not only deals with the source of infection, the early symptoms and the pathology of the disease, but stresses prevention and early diagnosis. The constant supervision given by nurses who have successfully maintained their own health while caring for patients in all stages of the disease tends to replace the student's fear of tuberculosis with intelligent understanding, and to develop self-reliance and confidence in her knowledge of medical asepsis. The case study presented by the student makes possible the study of the patient as a whole. A home visit is arranged and a clinical report on contacts is obtained.

The Department of Health in Ontario requires of Sanatoria offering affiliation, adequate clinical material for teaching medical and surgical nursing in tuberculosis; a proper ratio of graduate nurses to patients; a nursing department competent to supervise and instruct in nursing procedures and prophylactic measures; a course of doctors' lectures dealing with the various aspects of the disease.

Again referring to the Curriculum we quote:

> There is some division of opinion, from the health point of view, as to the advisability of sending students to a tuberculosis sanatorium, but it should be noted that there is probably greater possibility of exposure to infection on the general wards from unrecognized cases than in a sanatorium *under well controlled conditions.*

An examination of health records provided by one sanatorium where personnel ranging from 19 to 30 years of age is employed, goes to show that it is not unsafe for women under 25 to be employed in sanatoria under 'well controlled conditions'.

Tuberculosis in a General Hospital

AGNES TENNANT
Supervisor
The Montreal General Hospital

Although the number of cases of tuberculosis admitted to the wards of a general hospital is not great, there are nearly always a few to be found there. These are usually patients who have been admitted for investigation and diagnosis, who have suddenly become so acutely ill that admission could not be refused, or who have been transferred from sanatoria for surgical treatment. The general attitude toward such patients seems to be that they are a menace to other patients and to the nurses and doctors, and that in some vague way a general hospital is being imposed upon in having to admit them. Of course this attitude has been strengthened by the repeated experience of having to hold up active beds for months before such cases can be suitably placed in Sanatoria. And once again we discover that the root of our trouble is a lack of beds in tuberculosis hospitals.

But since tuberculosis patients are being and will continue to be admitted to general medical wards, let us try to consider the situation with respect to the opportunities it offers, rather than stressing its hazards and difficulties.

Student nurses at the present time receive very limited experience in tuberculosis nursing in this province—limited in fact to a few lectures and a few patients about whom have grown up feelings of fear and an attitude of "Well, we'll hope he won't be here long, the sooner away the better for everyone". Yet we seem to forget that tuberculosis is one of our most prevalent and killing diseases, one of our most serious social problems, that a nurse, if she is to be a competent nurse, must understand and appreciate the disease, its personal and social implications. And where, under the present system, is she to learn this, if not from the occasional, usually unwelcome case admitted to our general hospitals. This throws a tremendous responsibility upon the ward supervisor, who must use what limited clinical material she may have to teach student nurses, possibly future public health and private duty nurses, what they need to know about nursing a disease that calls for the exercise of every quality possessed by a good nurse. This knowledge is not gained simply by "nursing instinct", but requires careful supervision and guidance.

The opportunity afforded by the admission of one or two tuberculosis patients for teaching student nurses is unlimited. Through such cases, the nurses can become acquainted with the field of public health, prevention and control of the disease, its treatment at home, advantages of Sanatorium care, the work of the social service department, mental hygiene, occupational therapy — and so on, endless possibilities.

The teaching may be accomplished in many ways, with most of which we are all very familiar. Incidental teaching is probably the most effective way and that most commonly used. Its strength lies in the fact that it is usually given as a result of interest or need and it is given as direct information from supervisor to student. Unfortunately the time of a ward supervisor is so limited that it is quite impossible for her to teach every student nurse all she wants and needs to know about every patient. For this reason and because group dis-

cussion is stimulating, and often presents a more complete picture we resort to clinics—both formal and informal.

A very informal discussion of ten takes place after the morning report when the nurses are all together with the supervisor. After the admission of a tuberculosis patient, this time may be the best for the discussion of the control of spread of the disease. Our first thought on admitting such a patient, quite naturally, is to see that he is isolated from other patients. We use gowns, boil dishes, disinfect linen, burn sputum and so on, routine isolation carried out very conscientiously, due in part to the fear felt by the nurses. That this technique is not enough is frequently not realized. The most important measure is successfully preventing the spread of the disease by careful education and supervision of the patient himself. He should know that he has tuberculosis, that the secretions of his nose and mouth are a source of danger to everyone else, that it is by his co-operation alone that others can be protected. He must be taught on admission how to use and dispose of mouth wipes and when not too acutely ill, how to wrap his own sputum box ready for safe disposal. A few helpful reminders when he fails to cover his mouth while coughing will soon obtain the desired results. He not only has learned to safeguard other people, but his eventual introduction to Sanatorium life, where the patients themselves are most intolerant of any break in technique, is thereby made much easier.

STE. AGATHE SANATORIUM

When, as happens in a general hospital, conditions are not ideal for the type of treatment a tuberculous patient requires, the problem of helping student nurses to realize the needs and difficulties of that patient, and of treating them effectively becomes a serious one. Clinics of various types may be held, and these become most effective when they are carried on in conjunction with doctors' lectures as well as the actual experience of caring for the patient. Such clinics may undertake to treat the disease as a whole, and include in them a social worker, public health nurse, dietitian, the doctor and several nurses, or there may be a more informal discussion of one particular topic, such as predisposing factors, the treatment of contacts, such emergencies as haemorrhages spontaneous pneumothorax, mental hygiene and tuberculosis, or possibly a demonstration of such a procedure as an artificial pneumothorax.

There is one very important part of the nurse's responsibility toward a tuberculous patient that is all too frequently overlooked. Let us remember that very often it is on the wards of our general hospitals that a man or woman first learns that he has tuberculosis. Put

yourself, if you can, in that patient's place. Suddenly to become a menace to everyone you love, to be useless to people that were possibly entirely dependent upon you, worse than that, to be a financial burden to them. The nurse is faced with a situation that requires all her understanding and resourcefulness. An entirely new life has to be faced by that patient and faced cheerfully. He has to look forward to months and years of treatment, to life in a Sanatorium which usually spells only horror for him. Not long ago, a junior nurse was given a young French Canadian, recently married, to care for. It was soon proven that he had pulmonary tuberculosis and application for Sanatorium treatment was made. He remained on the general medical ward for about two months before he could be transferred. During that time the nurse was told how to care for the patient, how important a strict routine was for him, the nature of Sanatorium care, and shown pictures of happy Sanatorium patients. She was enthusiastic and concerned for her patient, instructed him carefully, and in a few weeks there was marked improvement in both his physical and mental health. He had gained fifteen pounds, was most co-operative in every way, and was eager to start curing in a Sanatorium. We felt that he would take his place easily in a Sanatorium, that his days at the hospital had been well-used, and his recovery hastened by helping him to a satisfactory mental adjustment to a difficult situation.

Another problem which invariably arises in the nursing care of a tuberculous patient is that of his visitors. Again this cannot be successfully handled except through the co-operation of the patient. If he understands modes of infection and his own part in controlling the spread of tuberculosis, he will not allow anyone to become infected through contact with himself or his belongings. In cases where the patient is acutely ill or very unco-operative as they occasionally are, the only method of assuring safety to visitors is by careful supervision of them and requesting them to wear gowns. Such action usually impresses a patient with the seriousness of his irresponsible behaviour.

A cheerful patient

So much can be done on the ward to help the student nurse to understand her responsibility in the fight against tuberculosis that only the merest suggestion can be given here. Let us remember, however, that tuberculosis is one of the most serious problems which society has to face, that no group of people has greater opportunity in and responsibility towards establishing its control than have nurses, that the student nurse is the future nurse. Our opportunity to teach them is limited in a general hospital. We must use all our ingenuity and enthusiasm in using this opportunity to develop in our student nurses a knowledge of tuberculosis adequate to meet their responsibility.

Through the Eyes of a Boy

HELEN F. CAHILL
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Saint John Tuberculosis Hospital

I am a boy of eleven years of age and came to the Nesbitt Memorial Wing three years ago. I was in the Fredericton Hospital first, so when I came to the children's wing, I didn't have to go in "isolation", as other new children do. They put all new children in "isolation" for three weeks out here, so if you develop mumps, measles or any other disease you won't give it to the other children.

Because I was a big boy I was put in the Green Ward downstairs; there are six other boys in this ward. All our beds are painted green and so are our chairs and stands. Our stands have side-pieces that lift up, so we can put them across our beds for eating and also for playing. In summer we have green spreads, but in winter we have green blankets. The ward next to mine is a blue ward and it has younger boys in it. They certainly are a noisy crowd and are not allowed their lights on between six and seven at night. We are though, because we are old enough to read, but if we talk, which we aren't supposed to do, we have our lights put off also. On our floor there is a rose ward where there are seven girls, and also a crib ward. If we are too noisy we are told we will have to go with the babies and, of course, that does the trick, because what large boy wants to go in with babies?

The first day I was here, after I had my dinner, I was told I would have to settle down and rest until three o'clock. My! but I found this hard but as all the other boys went to sleep and I didn't have anybody to talk to I went to sleep also and now it isn't hard to do. At three o'clock we were wakened and had our temperatures and pulse taken; then we got washed and had our hair combed. The wards are tidied up also. Although we are big boys we seem to make a lot of dirt.

Our ward is very light as there are two large windows and a door between looking on the lawn. There are windows looking into the Blue Ward and hall and office. The other wards are like this also; the nurses can stand anywhere and see what we are doing. The kitchen and dining room are just across the hall from our ward, and when the food truck comes over they ring a bell that just sounds like a cow's bell. That bell tells the nurse that it is time to serve meals. Then they ring the second bell to tell us to get ready and the third bell is for all up-patients to line up outside the dining room for inspection of hands and hair. The up-patients from upstairs come down on the elevator. They say grace before they start eating and they have to be quiet.

I have sore hips and they tell me I have double tubercular hips, and so I am in bed all the time. When I get a bath they take me upstairs on a stretcher to a large slab. It is great because I can just lie right in the water and think I am in a tub. When I first came to this hospital, they put my legs in extensions with weights on them. It was rather hard at first and I used to slip down in bed so I could release the weight, but when I got used to the weights I didn't do this anymore. Anyway I wouldn't because the nurses caught me doing it and put a jacket on me so I couldn't slip down.

I have abscesses too and I have to have dressings on these. I get sunlamp and I like this because I get another drive on the elevator upstairs and it is rather nice lying under the sunlamp—so nice and warm. One day my abscesses were nearly all healed up and the doctors decided that I could have a cast put on. So one fine morning I went over to the main hospital and had a cast, but it didn't last very long and now I am back on extension.

I only weighed 46½ lbs. when I came in, and now I weigh 72 lbs. I gained an awful lot at first. You know we all take air baths here and some people think we will get cold, but really we don't. We just start gradually and then we get so used to it we don't want pyjamas and bed-clothes on.

I hadn't been at the hospital long when it was decided I should go to school. This was great. Because of my illness, I had never been able to go to school. I wasn't allowed to do much work so I went to school to one of the teachers that go around to the beds. All the up-patients go to the schoolroom and some beds go there also. I like school very much and I can read and write now. The younger children go to kindergarten and they have lots of fun there also.

I have never had my tonsils out but I rather wish I could, because on tonsil day all the boys that are going to have their tonsils out go in one room and all the girls in another and we see them going back and forth on stretchers to the main hospital. They all seem to like it, only the very small ones cry. They get all the good things to eat, ice cream and so forth and they can have anything they want to drink. I do hope my tonsils hurry up and need to come out. When we need our teeth fixed we go over to the dentist in the main hospital. He comes every Tuesday but only a few of us can go each week because he is so busy. We like to go very much because we get a drive on the large elevator and everybody talks to us when we go over. Some of the older people talk to us as if we were babies, but this just makes us laugh to ourselves.

You know they are terribly strict out here, I had to be vaccinated before going to school and all the other children when they go to school have to be too. Usually the doctor does a whole crowd of us at one time and they give us the needle three times. It is to keep us from getting diphtheria, so they say.

There are four nurses and three ward maids on day duty, and one of these nurses is the head nurse and usually we have a nurse taking a post-graduate course and then every week we get a student nurse from different hospitals. Often I have a nurse that I knew in Fredericton. On night duty there is one night nurse and one ward maid.

One of the greatest thrills was the day we were told we were going to Rothesay for a picnic. We all got pyjamas, shoes and sun bonnets on, and were ready at 2 p.m. One of the largest buses I ever saw came up in front of the wing and we all piled in. Oh! what fun! Everybody wanted to be near the windows but after some rearranging we were all fixed and away we did go. When we got to Rothesay we went down on the beach. Some of the children went in the water, while the rest of us just played in the sand. We had a grand time. We sometimes have picnics out on the lawn. We have as much fun here as we do in Rothesay, but then we don't get the drive in the bus!

We have Sunday School out here also. Now I know you aren't going to like this, but after every meal we get cod liver oil and tomato juice. When we first start to take it we don't like it very much but after we get used to it

we don't mind it and then the babies just love it; they lick all around the medicine glass before they will give it up. Of course, we only take cod liver oil in winter. We take sun cures in summer. Our beds are wheeled out on the concrete downstairs and on the balcony upstairs. We all have to wear sun bonnets, some of the children have flowered ones, but we boys have plain ones and they don't tie under the chin.

Well, folks, I hope I haven't tired you too much with my story!

Mère d'Youville, a Canadian Nurse

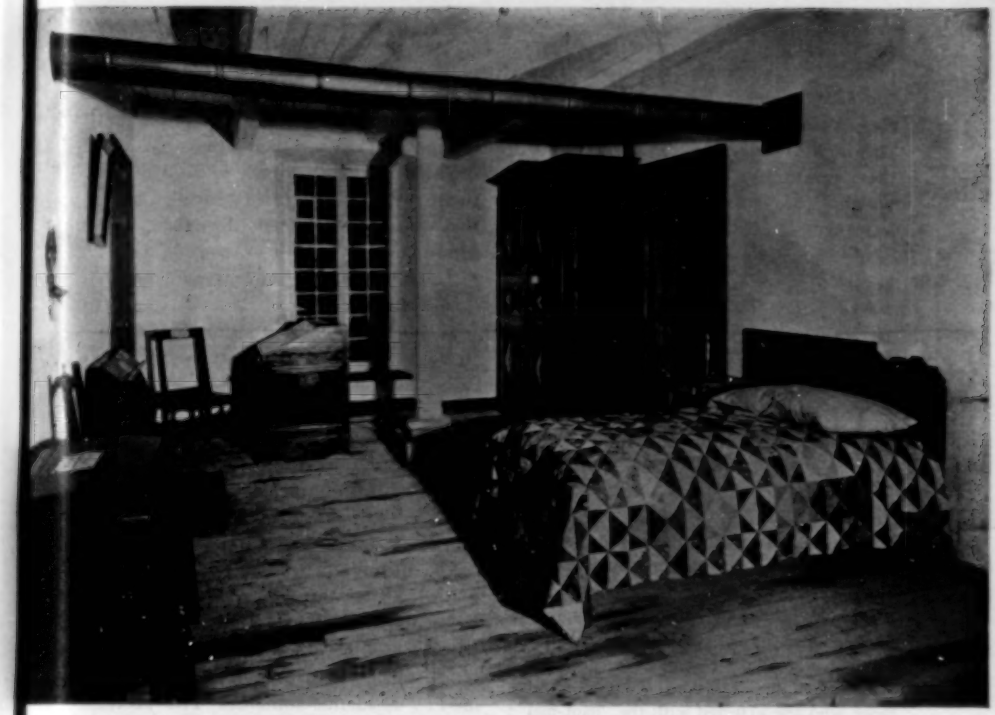
EVELYNE GAUVIN

There is in our history of nursing in Canada, a name which deserves the greatest attention of our profession and by whose works it is made still more glorious—that of the Venerable Mother d'Youville, Foundress of the Grey Nuns Institute in Montreal, in the year 1739. However, it is not in this special manner that we claim relation to her but rather because of the true *nursing* which she practised amongst our population. This point is mainly the one I wish to bring out. From ten different biographies, already written about this great woman, I have picked a few historical details which will help to situate our heroine in the frame in which we are to envisage her, thus completing our narrative.

Marie Marguerite Dufrost de la Jemmerais was born at Varennes on October 15, 1701. Christophe Dufrost de la Jemmerais, "gentilhomme breton", captain in the Colony Troops and his wife, Marie Renée Gautier de Varennes, were her parents. At the age of ten she entered the Ursulines convent in Quebec as a boarding-scholar and remained there two years, devoting her time to acquiring both education and instruction. Owing to the sound principles received from such thorough teachers, this period of her life gave, in later years, the best of results. At 21 years of age, she was married to Monsieur Youville, a Canadian gentleman who lived but seven more years, leaving her at his death with two sons and many debts. She started a little business in order to earn her children's living and her own, and very soon extricated herself from her difficulties.

In the year 1737 she became friendly with Mlle Louise Thaumur Lasource, the daughter of a Montreal physician, and was also associated with Mlle Catherine Cusson and Mlle Catherine Demers. All three helped Mme d'Youville to bring about the fulfilment of her plan, that of opening a house for the care of the poor which in the first year of its existence, lodged four or five people.

In Montreal on la Pointe à Callières (today known as Place d'Youville) there was a "Hôpital Général" for orphans, aged people and cripples, for, at this period, a "hospital" meant a general hospice or asylum for the poor. This institution, conducted by the



A reproduction of the bedchamber of Mère d'Youville, now in the Crypt of the Mother House of the Grey Nuns, in Montreal. The furniture is that actually used by her. *Courtesy of Révérende Mère Léonie Ferland, General Secretary of the Institute.*

Frères Charon, a religious Brotherhood known as Hospitaliers de la Croix et de Saint-Joseph, had been in existence for fifty years but owing to financial difficulties had begun to dwindle. The Vicar General of the Diocese, Monsieur Normant, knew how important it was for the city not to let this hospital fail. As in France many hospitals were governed and maintained by ladies united by the bond of charity, he believed that this house also might be trusted in the hands of Mme d'Youville and her Sisters, whom he had prepared to replace the Brothers, should the need arise. The Hospitaliers realized that it was a wise step and thus made cession of the Hospital with the approval of the Bishop, the Governor-General, and the Intendant, all of whom accepted it during the year 1747.

One of Mme d'Youville's first concerns was to repay all of the Brothers' debts which amounted to forty-nine thousand *livres* while, on the other hand, the Sisters multiplied their efforts and their industry in order to improve the House and enable it to receive a larger number of needy people.

In order to obtain money for the carrying out of her project Mme d'Youville engaged in an amazing variety of business enterprises. Under her able direction a ferry was operated be-

tween Longueuil and Montreal which provided transportation facilities for the Government. Uniforms, tents, and flags were made for the soldiers. Lime was used to make whitewash and sold to the community. Sufficient raw tobacco was bought, cured and sold to bring in a return of 2000 crowns in a single year. Land was cultivated, cattle were kept at pasture and a cartage service was provided for the settlers. All these activities, in themselves most useful in a pioneer community, proved to be valuable sources of income.

The Foundress's own words give a clear idea of the different new types of care given under her auspices in Montreal:

> Presently, we take care of the poor of both sexes and of the women and girls who have gone astray. We visit the sick in the Hôtel-Dieu, especially those who have communicable diseases. If the Court approves of helping us in the good works which God inspires us to do, we shall take care of the forsaken children. Besides, we shall receive those who are affected with the "haut-mal"; those suffering from leprosy or canker, or other diseases which are not admitted to the Hôtel-Dieu.

The term "haut-mal" probably referred to epilepsy, and "canker" was the name given at that time to cancer. Since 1733, small-pox had been spreading in the colony and during these epidemics the Sisters were specially devoted. In 1755 particularly, they were not afraid of the risks of contagion and opened their doors to women suffering from small-pox.

In 1756, at the time that war was declared between France and England, hostilities between the colonies in Canada brought in many casualties. As there was no more room in other hospitals, Mother d'Youville placed one of her wards at the disposal of prisoners of war. This state of affairs lasted five years. Everything had gone up in price seven times, and the Sisters numbered only twelve. Among the soldiers admitted to the Hospital during the war, many did not know where to go or how to find work after their illness. Mother d'Youville kept them and provided them with all that they needed until they found the means for their own subsistence.

In 1754, she began the care of the "child in the cradle", known as her "crèche". This was the foundation of the beautiful institution which later became the Crèche d'Youville, at Liesse. At the time of her death, 318 of these victims of crime and misery had already been recorded in the registry. Now they number 50,000 since the foundation—what a vast and splendid piece of social work!

On the eighteenth day of May, 1765, a fire broke out in a house on St. François-Xavier Street belonging to a Mr. Compton. This spread to the Hospital which was destroyed, rendering its 119 residents homeless. The Hôtel-Dieu offered them a most friendly welcome and the citizens in spite of their indigence (the fire having destroyed 111 dwellings), gave six thousand francs in alms. The Indians, in remembrance of the care received during the 1755 epidemic, sold some of their handicrafts and gave the proceeds for the re-establishment of the Hospital. In London, a list of subscribers was drawn up and donors were very generous. Mère d'Youville gratefully acknowledged them in these words: "Never would we have risen again, were it not for the charities we received from the collections which have comforted us." In this emergency they received nineteen thousand "Tours livres", and by Christmas of that year the Hospital was already restored.

Mère d'Youville passed away long ago. She died on December 23, 1771,

HÔPITAL NOTRE-DAME, MONTRÉAL
Courtesy of The Grey Nuns

at the Mother House in Montreal, at the age of seventy. But she lives through her work—in fact, the Hôpital Général on Guy Street, replaces, since 1871, that of the Pointe à Callières. It gives shelter today to 211 aged people, as does the Crèche d'Youville to 1100 children.

Walking in the footsteps of their venerable Foundress, the Grey Nuns perpetuate the hospital tradition throughout the different provinces of Canada, in certain areas of the North-West Territories, and of the United States. In eighty years, they have opened 27 hospitals. They govern eighteen general hospitals; one for incurables; two sanatoria for tuberculous patients; a school for epileptics; an institution for the blind; a College of Superior Nursing Education in Montreal; and ten Schools of Nursing in Canada and the United States. One of these schools is attached to the Notre-Dame Hospital in Montreal, a vast construction, one of the most modern on the continent. This school has existed for forty-two years and is affiliated with the University of Montreal. It is approved by the Association of Registered Nurses of the Province of Quebec and is the largest French school in the Dominion. It has qualified its students to become nurses of high standing in the various branches of nursing throughout Canada and the United States.

To summarize the essential factors in the practice of nursing which Mme d'Youville brought to light, let us say that she has actually practised Nursing in the three main divisions recognized today. She was a first-class educator for her Sisters and for all those whom she directed. She was a perfect bedside nurse and a fine public health nurse. During the war, she served the wounded of any race or creed. She was a social worker, visiting families at home, and solving all their problems. Finally, she went in for pediatrics, since she instituted what was so dear to her — a foundling hospital. She was the first

"Canadian-born Foundress" to open a hospital in this country. Therefore, may we glory in her, both nationally and professionally.

During a historical pilgrimage to her tomb in the crypt of the Mother House a few months ago, I paid a tribute of gratitude as a nurse and as a citizen of Montreal. On this occasion, I was fortunate in being shown Mère d'Youville's own bed-room and her office, restored with the lattice-window and the furniture she used daily. They are illustrated herewith.

Following the recent celebration of her second centennial anniversary, it is most fitting that one of her pupils, remote though she be, should have the honour of endeavouring to picture this great Character in the official *Journal* of our Canadian Nurses Association thus bringing into their hearts a little of the sacred fire which enlivened that of Marguerite d'Youville.

Editor's Note:

The author of this article, Mademoiselle Evelyne Gauvin, is a graduate of the School of Nursing of Hôpital Notre-Dame, Montreal. She is engaged in industrial nursing in the Montreal Tramways Company and is assistant to the chief Medical Officer. The full text of the article was written in English by the author herself and is not a translation. Mlle Gauvin is to be congratulated on her command of both languages and upon the notable contribution she has made to the history of nursing in Canada.

MERE D'YOUVILLE, INFIRMIERE

(Résumé en français)

Il est dans notre belle Histoire du Nursing au Canada, une personne qui mérite au plus haut de retenir l'attention de notre profession et d'augmenter en elle la fierté, c'est la Vénérable Mère d'Youville, fondatrice de l'Institut des Soeurs Grises à Montréal. Cependant, c'est plutôt en raison du Nursing qu'elle a véritablement exercé dans notre ville, que nous pouvons nous en réclamer comme groupe.

Issue d'une famille de gentilshommes, elle reçoit une formation première aux Ursulines de Québec. Grâce aux solides principes reçus chez ces bonnes religieuses, son stage chez elle, ne donne par la suite que d'heureux résultats. A 28 ans elle est déjà veuve avec deux fils et beaucoup de dettes. Elle établit un petit négoce qui lui permet bientôt de se tirer de toutes ses difficultés.

En 1737, avec Mlles Louise Thaumur Lasource, Catherine Cusson et Catherine Demers, elle ouvre une maison pour héberger et soigner les pauvres. Or, depuis longtemps existe à Montréal, sur la Pointe à Callières (aujourd'hui Place d'Youville), l'Hôpital Général pour orphelins, vieillards et infirmes, tenu par les Frères Charon. Ils y sont depuis cinquante ans, quand à la suite de difficultés financières, l'âge avancé de quelques frères seulement qui restent, l'établissement menace de tomber. Mère d'Youville et ses compagnes, avec l'approbation des autorités civiles et religieuses, en prennent la direction et le relèvent complètement.

Elles reçoivent les femmes et les filles de mauvaise vie; visitent les malades en ville et à l'Hôtel-Dieu; prennent soin des enfants trouvés; reçoivent les personnes qui tombent du haut-mal; celles qui sont attaquées de lèpre, chancre ou autres maladies qui ne sont pas admises à l'Hôtel-Dieu. En temps d'épidémie, particulièrement lors de la petite vérole en 1755, les soeurs ne craignent

pas les périls de la contagion et ouvrent leur maison aux femmes atteintes. En 1756, lors de la guerre entre la France et l'Angleterre, Mère d'Youville soigne les blessés des colonies au Canada, sans distinction de nationalité ni de religion; offre une salle aux prisonniers de guerre durant 5 ans, pourvoit à leurs besoins jusqu'à ce qu'ils soient en mesure de se suffire à eux-mêmes. En 1754, elle commence à recueillir les enfants trouvés. C'est la pierre d'assise de la Crèche d'Youville qui compte aujourd'hui 50,000 inscriptions depuis. Le 18 mai, 1765, l'incendie détruit l'Hôpital. Les secours venant de tous côtés permettent de reconstruire pour Noel suivant.

Mère d'Youville n'est plus. Mais son oeuvre demeure. L'Hôpital Général rue Guy, remplace celui de la Pointe à Callières depuis 1871 et hospitalise 211 vieillards. A l'exemple de leur vénérable fondatrice, les Soeurs Grises perpétuent l'oeuvre des hôpitaux au Canada et aux Etats-Unis, puisqu'en 80 ans, elles en ont ouvert 27. Parmi ceux-ci, un des plus modernes et des mieux aménagés est l'Hôpital Notre-Dame à Montréal. Son école de gardes-malades existe depuis 42 ans. Elle est affiliée à l'Université de Montréal, reconnue par l'Association des Gardes-Malades Enregistrées de la Province de Québec et se trouve l'école française la plus considérable du Dominion. Elle a fourni des infirmières de qualité dans les différentes sphères du Nursing en Amérique.

Pour résumer les points saillants de la profession mis en relief par Mme d'Youville, disons: qu'elle a essentiellement fait du Nursing dans les trois grandes divisions qu'on reconnait actuellement, à savoir qu'elle a été une éducatrice incomparable, une infirmière de chevet parfaite, une brave hygiéniste publique. Elle a fait du service social, de la pédiatrie. Enfin, elle a été la première canadienne-française à fonder un hôpital en ce pays. Elle est donc pour nous une gloire nationale et professionnelle à la fois. Dans un pèlerinage historique à son tombeau dans la crypte de la Maison-Mère, il y a quelques mois, nous déposions l'hommage de notre reconnaissance d'infirmière et de Montréalaise. A cette occasion, il nous fut donné de voir la Chambre et la Procure de Mère d'Youville reconstituées depuis la croisée jusqu'aux meubles qui lui servirent.

Au lendemain des célébrations de son deuxième centenaire, il convenait qu'une de ses élèves éloignées, comme je m'honore de l'être, retrace cette grande figure dans l'organe officiel de notre Association d'Infirmières Canadiennes, faisant repasser dans leurs coeurs un peu de feu sacré qui anima Marguerite d'Youville.

EVELYNE GAUVIN

GOOD TEAMWORK

For the past three years the Manitoba Hospital Association has met jointly with the Manitoba Association of Registered Nurses, for the annual meeting of the former. This event has always been of particular interest in that it affords an opportunity of sharing and exchanging the problems and policies affecting both groups. This year we met jointly at the Royal Alexandra Hotel, Winnipeg.

The morning sessions were given over to the annual meeting of the Hospital Association. Included among the reports was that of the special committee, who under the convenorship of Mr. J. Milton George, has studied the costs and incomes of hospitals. As a result of this study it was decided that the hospitals were giving the best possible service at the lowest possible cost and that they were deserving of further aid. A

recommendation for an increase in the grant by municipalities to hospitals in the province, will be presented at the next Legislature.

Questions of interest on statistical and report forms were presented by Mr. F. Appleby, chief accountant, Winnipeg General Hospital. The Manitoba Hospital Service Association, its present activities and future possibilities, was ably presented by Mr. Phillip Dawson, enrolment secretary. Dr. H. Coppinger, assistant superintendent of the Winnipeg General Hospital discussed the admission, retention and discharge of a public patient and the collection of the account.

The afternoon session began with a paper on the eight-hour day for student and graduate nurses by Miss Evelyn Mallory, president of the Manitoba Association of Registered Nurses. Miss Mallory listed shortage of personnel as an obstacle to its adoption and maintained that the desired solution was not in increasing the student body, for the hospital has an obligation in the preparation of the nurse. One solution would be to employ more graduate nurses and more maids with activities confined to non-nursing duties. Because nursing is definitely a community service, education of nurses should be subsidized by taxation, she asserted.

The executive secretary outlined living and working conditions for student and graduate nurses in hospitals in Manitoba. The important factors which contribute to desirable working conditions for student and graduate nurses include: adequate equipment to make good nursing possible; good supervision, equally important for the graduate and the student; a reasonable load of work, not more than can be done well in the time allotted; an eight hour day; vacation with salary; a fair salary.

Miss Gertrude Johnson led the discussion on the question of whether the graduate nurse should be permitted to do intravenous, deep muscle injections, gastric drainage and carbon dioxide administration. Lively discussion followed. Dr. Harvey Agnew, secretary treasurer of the Canadian Hospital Council and president of the American Hospital Association, suggested it was quite feasible to prepare graduate nurses for this service. Adjutant Chapman, superintendent of nurses, Grace Hospital, assisted by Reverend Sister Clermont, educational director St. Boniface School of Nursing, discussed the disciplinary powers of superintendents of nurses. Miss P. Brownell, director of the Manitoba Nurses Central Directory, led the discussion on the responsibility of the hospital in limiting its graduates, pointing out that the private duty field was not overcrowded with well prepared nurses. The physician and public are becoming more selective in their demands, seeking the services of a nurse with qualifications suited to their particular needs.

Dr. Harvey Agnew gave an address on the trends towards socialization of medical and hospital services, commenting on the rapidly developing hospital service plan. He stated that it was becoming increasingly necessary to develop this plan on a broader basis—one which will include those below a certain income level. Dr. Agnew felt that some type of compulsory insurance was the solution.

Several musical selections were rendered during the dinner meeting by Mr. Victor Scott and this brought to a close the sessions which, it was generally agreed, had all been well worthwhile.

GERTRUDE M. HALL,
Executive Secretary, M.A.R.N.

Insects in Relation to Health in Alberta

E. H. Strickland

Department of Entomology, University of Alberta

Had I been asked, ten years ago, to speak on this subject I think I would have replied that there was little to say regarding it. Today, however, the situation is very different, particularly if we include with insects their close relatives, spiders and ticks and, with scientific accuracy, refer to the entire group as Arthropods. During the past few years many residents of Alberta have suffered severely in health as a result of arthropod activity while several deaths must be attributed solely to the same causes.

A list of such arthropod-caused disorders must include tularaemia, plague, spotted fever, tick paralysis, black widow spider bites and myiasis. In addition there is the possibility that the horse disease, encephalomyelitis, has been contracted by man in Alberta through the medium of a blood-sucking fly, while the house-fly will always constitute a dangerous mechanical disseminator of enteric and other diseases. Even a list of this length does not include the temporary annoyance which is caused by the bites of a host of mosquitoes, gad flies, black flies and those minute but painful blood-suckers which are so appropriately named by the Indians as "No-see-ums", nor the added humiliation of the discovery of bedbugs or lice in one's house or on one's person.

In appraising the menace of arthropods to human health it may be advisable to classify their activities according to the various methods whereby they cause distress, either directly or by the dissemination of pathological organisms. First of all there are the *venomous* arthropods which, normally, do not attack man in order to feed on him. Although scorpions, which belong here, are native to southern Alberta the only representative of this group which is of serious importance in our province is the Black Widow Spider. In recent years this spider has been found, in large numbers, to about as far north as the Red Deer River. Several residents of Alberta have been "bitten" but none, fortunately, with fatal consequences. The spider is shining black—not hairy as many others. Its body is of about the same size and shape as a boot-button. The most definite identification mark is an hour-glass shaped spot on the under side of the body. These spiders are not savage. Though I am not recommending it, they can be picked up and handled safely. They rarely enter inhabited houses but live in odd corners of out-houses and woodpiles, where they spin a very irregular web. Here they lie in wait for their prey—small beetles or young grasshoppers—the capture of which is announced by the vibrations they set up in the web in their efforts to disentangle themselves. The spider rushes to the seat of the commotion and sinks its poisonous fangs into the victim. If accidentally the bare skin of a person comes into contact with the web and vibrates it, the spider reacts in its normal manner when procuring food and uses its fangs on the cause of the disturbance, sometimes with fatal results.

The most effective treatment for a black widow bite is, apparently, to take a prolonged hot bath and, above all, to keep the site of the bite in hot water for an hour or more. Far more drastic

measures have been employed by some doctors who believe them to be essential safeguards, but on this question there is considerable difference of opinion.

Among the *simple carriers* of disease are those insects which visit, and feed upon, a great variety of substances. Though many insects breed in most objectionable materials from a human point of view, nearly all of these visit very little else and are therefore, of little importance in connection with human health. The house-fly is, undoubtedly, the worst offender with respect to feeding on everything that is filthy and, with equal readiness, on food prepared for human consumption as well as upon the human body whether the skin be broken or not.

Everyone should realize that, from their peculiar method of feeding, house-flies inevitably deposit a small amount of their last meal on any food they are about to eat. For your own peace of mind you may hope that the fly which just alighted on a piece of bread or a lump of sugar flew into the house or restaurant direct from an ice-cream parlour but your faith, probably, is ill-founded. I need not enlarge on the fact that enteric diseases are most frequently spread by house-flies.

Among the arthropods which can cause severe reactions not excluding death as a direct result of feeding, ticks are of the greatest importance. With them, as is the case with blood-sucking flies " the female of the species is more deadly than the male". In so far as mosquitoes, black-flies and gad flies are concerned the males are strict vegetarians. As such they are perfectly harmless This is not true of ticks but it is a rapidly feeding female, only, which can produce tick paralysis. This is a little understood disorder. An animal can be infested with literally hundreds of feeding ticks and suffer from no worse symptoms than an evident discomfort. On the other hand, a single tick can kill another animal or man in a very short time. Tick paralysis may start almost as soon as a tick inserts its mouth-parts through the skin and begins to feed. It is first observed at the extremities, creeps towards the head resulting in death, usually in about three days, unless the tick has finished feeding and drops off or it is removed by force. Removal brings about recovery, which is usually complete, and which requires about the same time, in reverse order, as the development of the symptoms. Vital statistics reveal the high probability that several residents of Alberta have died from tick paralysis even though the symptoms have been attributed to other causes, such as concussion. It is more common among children than it is among adults. Since ticks usually attach to the back of the neck, this is the first place to examine if a patient shows signs of paralysis. They may, however, have attached themselves to other parts of the body with equally fatal results. Fortunately, the ticks which produce paralysis here are fairly easily removed. Simply turn them more or less up-side-down and pull gently and repeatedly till they withdraw their mouth-parts of their own accord.

Insects which disseminate human diseases of bacterial origin are termed *intermediate hosts*. These are not diseases of the insects themselves. As blood-suckers, they simply take up the pathological organisms with their food when they are feeding on an infected man or animal and inoculate the victim of a subsequent meal. Fleas, as disseminators of plague, belong in this category. As is now well-known, plague, which is essentially a rat disease, was accidentally introduced into San Fran-

cisco about 1900. It was hoped that promptly applied measures against rats and their fleas would eradicate it. It was, however, found that gophers, in addition to rats and man, are susceptible to the disease and that fleas, leaving the dying rats, had transferred it to them. About six years ago it was discovered that right along the Rocky mountains, as far as Alberta, gophers were dying from flea-transmitted plague.

Since one of the species of fleas which breeds freely on gophers transfers readily to man, it is realized that human plague has become a real menace in Alberta. There is some doubt as to whether there was not at least one fatality during 1938. The situation is, however, far less alarming than it might be. For reasons which are not entirely understood the European rat has never been able to live in Alberta. Rat populations are almost entirely confined to cities and when plague appears among them it is inevitable that their fleas transfer in large numbers to man. The contaminative fleas which leave plague-stricken gophers are far more likely to transfer their attentions to some other country-side dweller than they are to man.

An intermediate host of the rabbit disease, tularaemia, caused two deaths in Alberta in 1938. This is one of the smaller types of gad-fly, known as a deer fly. It may feed on wild rabbits which are dying from this disease, and later on man. In this manner it transfers this sometimes fatal disease to him.

Both of the victims to the bite of this fly were children living in the southern part of the province but the disease itself is rampant among rabbits as far north as the province is inhabited. Tularaemia has been contracted in the north from handling diseased rabbits, but there are no cases on record of its having, there, been transmitted by flies.

Arthropods which transmit their own non-bacterial diseases to man are termed *vectors*. These diseases, generally speaking, cannot live for very long in the absence of the arthropods. The best known example of an insect vector is the anopheline mosquito, vector of malaria. Anophelines are abundant in parts of Alberta. Fortunately, they feed far more freely on animals than they do on man here. It is improbable that many have ever fed on a man who has the malarial organisms in his blood, for such "carriers" are not common in Alberta. The likelihood that any which may have done so would have an opportunity to feed, some days later, on a healthy person and thus transmit the disease to him, is remote. In the light of recent events, however, it does not appear to be impossible that our local anophelines are capable of spreading malaria should they be given the opportunity so to do.

The most dangerous arthropod vector in Alberta is the tick. For many years it has been known that ticks inhabiting the Bitter Root valley in Montana were capable of disseminating a very fatal human disease known as Rocky mountain spotted fever. Though the same species of tick is abundant in many of the mountainous regions of southern Alberta, and is present in smaller numbers on the open plains, a bite from this tick appeared to be harmless in so far as this disease is concerned. During the past few years, however, this belief has had to be revised. Three deaths from spotted fever have occurred in the province within the two last years. It is now realized that several species of tick can disseminate this disease and that it has been confused with other complaints.

Finally we are faced with a rather serious situation in connection with the apparent steady increase in cases of *myiasis* in Alberta. The name myiasis refers to the infestation of wounds or other sores with maggots of blow-flies. Occasionally the maggots will even attack otherwise healthy skin. Fly maggots are peculiar in that they have no heads, and therfore no mouth-parts. They feed by pouring a highly digestive saliva on flesh, which is digested outside of their own bodies. They then drink as much of this liquefied food as they desire. There are many different species of blow-flies and their larvae vary greatly in their digestive abilities. The saliva of many can digest only flesh which is already dead. Such larvae are of great value in cleaning up infected wounds and in osteomyelitis. In the case of others, unfortunately, the saliva can digest living flesh. Flies of these species are attracted to sores of all kinds. They place their maggots in them and these begin, immediately, to liquefy everything in their vicinity. Cases of myiasis are becoming so disturbingly frequent in Alberta that there are grounds to fear that this habit is increasing among the flies which inhabit this province.

Unfortunately, we do not know which of our many flies are implicated. The victims of myiasis, which is excessively painful, never waste much time in having the maggots removed. Frequently the doctor cannot extract them without first killing them but I have all too often received maggots, pickled in alcohol, with a request somewhat as follows: "Please identify these maggots which were removed alive from the ear (the nose or the chest) of a patient". This always means that another opportunity to gain valuable information has been wasted. No one can identify the maggots. We must have them alive, sent to us with a small piece of meat, with a little soft paper to take up excess moisture, in a fairly tight container. We can then breed them through to the adult flies. We want every living maggot which is extracted from the flesh of a patient, together with a brief account of the history of the case. Only by obtaining such material and such data, and through the definite identification of the species of fly involved, can we hope to ascertain where the offenders usually breed, where they congregate and whether we can take any practical steps towards suppressing the growing menace of myiasis.

From all I have said, I fear it may appear that Alberta is not quite so perfect a part of the country to live in as some of us feel it to be. You will, however, realize that, for a number of years, I have been collecting data on these unpleasant arthropods and their ways. Personally, I have never suffered from any of them and it is most unlikely that any of us, as individuals, are in any danger of so doing. By your profession, however, you are brought into contact with human ailments in a concentrated form and, for this reason, I need make no apology for having presented a rather gruesome assortment of infrequently encountered types of human suffering, all of which have occurred in Alberta, and for which arthropods have been responsible.

EDITOR'S NOTE:

This article is the text of an address given by Professor Strickland at the February meeting of the Edmonton Graduate Nurses Association. This meeting was the first in an interesting series, which will be resumed on September 15. The schedule is planned well in advance and each member of the Association is given a copy of the programme. The meetings are usually held at the various hospitals in Edmonton, thus affording an opportunity for social contact.

Notes From the National Office

Contributed by JEAN S. WILSON,

Executive Secretary, The Canadian Nurses Association

EMERGENCY NURSING SERVICE

Within recent months approximately twenty-five hundred young women have graduated from the schools of nursing of this country and have secured their status as registered nurses in their respective Provinces. For the information of these new members of provincial associations of registered nurses as well as to remind older members, reference is made again to the Plan for National Enrolment of Nurses for Emergency Service.

There is no question that, should disaster or war occur there would be an immediate rush by nurses to answer "The Call" for their professional services; how much better to have a well-organized plan ready to be put into prompt operation under warranted direction.

The logical procedure by which the nurses of Canada can be prepared to answer "Ready, aye Ready" to any emergency call is for each member of the nine provincial associations of registered nurses to see that her name and address, with any special professional qualifications she possesses, are recorded with the Joint Enrolment Committee for her Province. Regulation application forms can be secured from the offices of the provincial registered nurses associations.

The National Joint Committee on Enrolment of Nurses for Emergency Service, which is the "parent organization" of the Plan, has classified enrolment as: *Class "A"*: Nurses enrolled for war and disaster; *Class "B"*: Nurses enrolled for war only; *Class "C"*: Nurses enrolled for disaster only; *Class "D"*: Reserves, including nurses over the age of forty-five.

Reference is again made to the issue of "King's Orders and Regulations" which were amended in 1938 in regard to qualifications of nurses who, from time to time, may be appointed to the Permanent Force of the Royal Canadian Army Medical Corps. A nurse must be a British subject, physically fit for military service; under thirty years of age; unmarried or a widow without children; a graduate of a school of nursing approved by the Canadian Nurses Association and registered in a provincial association of registered nurses. Appointees to the Non-Permanent Force must meet the same requirements except that the age limit is forty-five years. It can be anticipated that in all emergency calls for nursing service, regulations similar to those demanded by the Federal Department of National Defence would be applied by all authoritative bodies.

Today, in Canada as elsewhere, there are reported to be plans for the voluntary registration of all adults, the services of whom can be depended upon in the event of war or wide-spread disaster. In view of the well-planned and operating arrangement by which nurses are privileged to register themselves for emergency service, it does seem that each nurse who holds her national mem-

bership affiliation should not delay any longer in consulting the secretary of her provincial association and in seeing that her name is listed with the National Enrolment of Nurses for Emergency Service. It must be emphasized that the readiness of Canada's nursing service for *any* emergency call depends on YOU, THE INDIVIDUAL NURSE.

Nightingale Memorial Fund

Contributions to the Florence Nightingale Fund have been received from:

Alberta:

A.A., Lamont Public Hospital, Lamont	$ 5.00
Married Nurses of Alberta	9.00
Nursing Education Section, Alberta Association of Registered Nurses	10.00
Private Duty Section, Alberta Association of Registered Nurses	5.00

Ontario:

Student Nurses, Toronto General Hospital, Toronto	60.00
Nursing Staff, Hospital for Incurables, Toronto	4.00
Florence Nightingale Nurses Association, Windsor	5.00

Prince Edward Island:

Registered Nurses Association of Prince Edward Island	50.00

Quebec:

A.A., Children's Memorial Hospital, Montreal	5.00
A.A., Montreal General Hospital, Montreal	50.00
L'Association des Gardes Malades Graduées de l'Hôpital Sainte-Justine, Montreal	5.00
Staff Nurses, Saint Mary's Hospital, Montreal	10.00
Student Government Association, Montreal General Hospital, Montreal	35.00
Montreal Graduate Nurses Association	5.00

Saskatchewan:

Saskatchewan Registered Nurses Association	128.85

Annual Meeting in P.E.I.

The eighteenth annual meeting of the Prince Edward Island Registered Nurses Association was held at Charlottetown on June 15 with fifty-five members present. During registration applications were made or renewed for National Red Cross Emergency Service and subscriptions taken for *The Canadian Nurse*.

In opening the meeting the President, Rev. Sister Stanislaus referred to the Royal Visit on the previous day, and urged the nurses to carry over the same enthusiasm they had shown on that occasion into the various phases of their work throughout the coming year. The need for greater encouragement of the younger nurses in obtaining post-graduate training was also mentioned. She expressed our appreciation of the visit of Miss Grace M. Fairley, the President of the Canadian Nurses Association, which was all too short. The fact that her first official visit as president was made to this Province was a source of pride to our nurses. Sister Stanislaus then welcomed Miss Ethel Johns, editor of *The Canadian Nurse*, and official representative from the national organization. Miss Johns brought us greetings from the national President.

Miss Anna Mair, chairman of the

Nursing Education Section, referred to the refresher course held last Fall, the principal feature of which was a symposium on communicable diseases, with discussions led by Miss Katharine MacLennan of the Alexandra Hospital in Montreal. A resolution to the effect that the annual meeting be combined with a refresher course in 1940 was passed. Progress on the eight-hour day and the fact that the two Charlottetown Hospitals were adding a series of public health lectures to their training school curriculum was reported.

Miss Ina Gillan, in reporting for the Public Health Section, stated that five of the six public health nurses in Prince Edward Island were carrying on a generalized educational health programme. The new work undertaken this year included a series of T. B. skin testing by the "patch" method. Miss Gillan demonstrated the application of the "patch". The success of the diphtheria immunizing clinics being conducted in about four hundred of the schools was shown graphically, picturing the decrease in incidence and mortality since the inauguration of these clinics.

The Private Duty Section reported frequent meetings and their endeavour to follow the programme outlined by the National Office. Miss Bessie MacKenzie, publications convener, gave a most encouraging statement, showing that 40 percent of our members are now subscribers to *The Canadian Nurse*. After expressing her appreciation for the opportunity of being in Prince Edward Island during the Royal Visit, Miss Johns traced the development of the *Journal* from its humble beginning thirty-five years ago, to the present time, when it provides a medium by which the nurses of the nine provinces "may talk to each other".

A discussion on the proposed amendments to the Registered Nurses Act and by-laws was led by Sister Stanislaus. The principal changes anticipated have to do with the elegibility of new members, and the power of the Association to make its own by-laws.

Between Sessions

Miss Mona Wilson, convener of the National Enrolment of Nurses for Emergency Service, reported that sixty-five of our nurses were enrolled, showing an 8 percent increase over the required quota. The Florence Nightingale Memorial report was given by Miss Mae King who stated that the usual financial support had been forwarded to the national treasurer.

Dr. G. G. Houston, member of the medical staff of the Prince Edward Island Hospital, then gave a very interesting and instructive talk on "Deafness", dealing with the different types, causes, complications and prevention.

The following officers were elected for the coming year: President, Miss Ina Gillan; vice-president, Miss Anna

Mair; secretary, Miss Bessie MacKenzie; treasurer and registrar, Sister Mary Magdalen. The chairmen of the Sections are as follows: Nursing Education, Miss Anna Bennett; Private Duty, Miss Mildred Gamble; Public Health, Miss Ruth Ross.

A dinner meeting was held in the evening to which the medical members of the Registered Nurses Examining Board were invited. A musical programme was much enjoyed. This was followed by an enlightening address by Sister F. Loyola of the Charlottetown Hospital, who showed the necessity of correlation between the general and professional education of nurses. Training in thinking and in the sciences, and enjoyment of cultural opportunities were all valuable assets to the nurse, who in continuing her education seeks to preserve open mindedness and plastic sympathies, leading to a delight in living and fulfilment of duties to God and Man.

An address by Miss Johns followed in which she discussed the present problems, trends and ambitions of the nursing profession. The rapid advance of medical science has made it increasingly difficult for the nurse to keep her training up-to-date, making it necessary for her education to be a continuous process, either by private study, refresher courses, or post-graduate work. The problems resulting from the economic maladjustments of the past few years were still to be worked out satisfactorily. She believed that the organization and classification of subsidiary workers who would practice under the supervision of the Registered Nurses Association itself, would fill a long-felt want. Miss Johns particularly stressed the role of the private duty nurse in the profession today. She should be given all possible support and encouragement in training herself to reach a maximum of personal and professional efficiency, perfecting herself by study, specialization, and maintaining those high standards which befit the importance of her place in the nursing world. Dr. Yeo, secretary of the Examining Board, in extending a hearty vote of thanks to Miss Johns, expressed our appreciation of her address. The 1939 Convention was then brought to a close.

BESSIE MACKENZIE

OBITUARIES

EVA GRIEVE died at the Guelph General Hospital on June 24, 1939. She was a graduate of the School of Nursing of the Guelph General Hospital and members of the Alumnae Association wish to express their sympathy with her family in their sad bereavement.

SARA MISCAMPBELL died recently at her home in Saskatoon. Mrs. Miscampbell was the first nurse to graduate from the School of Nursing of the Saskatoon City Hospital, and during her professional career rendered excellent service as a private duty nurse.

DORIS E. PALMER, wife of Nile Nolt of Woodbridge Manor, New Jersey, died on March 7, 1939. Mrs. Nolt was a graduate of the School of Nursing of the Toronto General Hospital and a member of the Class of 1920.

STUDENT NURSES PAGE

Don't Miss Your Chance

MARY CLONEY
St. Joseph's Hospital, Toronto

Our affiliation training at the Toronto Hospital for Consumptives at Weston consists of two weeks surgical and two weeks medical nursing, one week post-operative nursing, about four days on the admitting ward, and one to two weeks with the children, including three days at the Davies Cottage for babies. On our first day we were instructed in the prophylactic measures taught and carried out by the nurses, especially in the "uniform" technique. On the lower floor of the Residence there are linen rooms, one for soiled and one for clean linen. In the former is kept all linen worn on duty, and in the latter all linen worn at meals and in the Residence. When coming off duty the nurses remove their soiled linen, scrub their hands in a room equipped for the purpose, and cross the hall where they put on their clean uniforms. This technique is carried out by the nurses not only for their own protection, but for the protection of their associates as well. Next we were taken to the X-ray department where each nurse had a chest X-ray.

Following this an I.C. test was done, which was read in forty-eight hours. In the cases which proved to be positive the nurses were advised to take added precautions and especially to have plenty of rest and fresh air. The negative tests were repeated at the close of the term. Before going on the wards, personal prophylaxis was taught such as wearing of paper masks which can easily be disposed of after caring for each patient. Although this measure is not compulsory and is left to the nurse's own judgment, it is insisted upon while giving treatments such as nasal sprays, throat swabs, or caring for seriously ill patients. The necessity of frequent washing of hands is stressed, and of keeping our hands away from our mouths and faces.

Personal hygiene is emphasized. The nurses are on eight-hour duty, to ensure that plenty of rest is taken. A large skating rink is available in winter, and several tennis courts in summer, so that the nurses may have plenty of exercise in the open air. All nurses are encouraged to report any illness early so that the necessary treatment may be administered in time.

The general nursing care of the patients is much the same as in our own Hospital, but of course, their routine differs. During the afternoon every patient rests for two hours. I believe what surprised me most during my course

was the knowledge and thorough understanding that each patient has of his own case, and very often of his neighbour's as well. This, of course, is due to the fact that the patients remain in hospital over quite a period of time and since everyone is suffering from the same disease, the conversation often drifts to questions related to it. The physician-in-chief broadcasts a lecture to the patients once a week, and each patient has a receiving set. Then too there is much literature, dealing with tuberculosis, available to the patients.

The patients are taught, beginning in the admitting department, to take the necessary precautions to protect themselves and those around them by covering the mouth and nose when coughing or sneezing, and by the proper disposal of sputum. They are taught to wrap the container in several thicknesses of paper and tie it with string, so that the nurse or attendant may catch the string and avoid touching the paper. This education is continued in the wards as long as is deemed necessary.

Authorities say that through numerous surveys it has been shown that the incidence of tuberculosis among nurses is higher in general hospitals where the cases of tuberculosis are undiagnosed and where the rigid technique used in Sanatoria is not carried out. I repeat that more cases occur in these instances than in the same age group in sanatoria for tuberculous patients. Apart from the fact that I now have a better understanding of tuberculosis and its treatment this course has other advantages. I believe, first of all, that I am now what may be termed as "tuberculosis conscious". It has taught me the need of medical asepsis, not only in tuberculosis but in every walk of life and of the necessity for the application of the rules of personal hygiene. This training gives the nurse a complete picture of tuberculosis in all its phases and we soon discover that tuberculosis is not, as is the opinion of so many, strictly a disease of the lungs. It points out what a good medical examination consists of, and the necessity of an early diagnosis.

Last, but far from least, I believe that each nurse with this training behind her becomes a real health teacher. She realizes more fully her responsibility as a health teacher, not alone in the cure, but in the prevention of disease and this is the aim of each one of us. I can truthfully say that I have enjoyed every minute of my affiliation course, and may I suggest that when you are asked if you would like this affiliation do not reject the offer, but instead say: "I was so afraid I wasn't going to be asked".

JOURNALS FOR SALE

Miss Mary Sewall, San Joaquin General Hospital, French Camp, California, has for sale bound volumes of *The Canadian Nurse* for the following years:

1918 - 1924
1919 - 1925
1920 - 1926
1921 - 1929
1922 - 1930
1923 - 1931

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A Valiant Heart

One dreary winter afternoon about five years ago a tall woman dressed in black, walked into our untidy office and emptied the contents of a large knitting bag on the editorial desk. Leaves of a dog's-eared manuscript, some of it in long hand, fluttered in all directions, and as we struggled to retrieve them, their owner chuckled at our look of dismay—"It's alright", she said, "I don't want you to publish it in the *Journal*. I just wanted *one* editor to read it. None of the rest did".

We had never met Mabel Clint until that day but the look in her eye made it clear that we had better read that manuscript whether we liked it or not. When we asked whether she had a carbon copy she replied quite casually that she hadn't. "But what if some of it gets lost?" we asked. "Oh, it won't," said she, and picking up her ebony cane, she departed.

That evening the manuscript went home with us and at midnight we were still deep in the most vivid narrative of nursing experience we had ever read. Out of the wild confusion of the pages we happened to pick up a sheet which told this story of her pilgrimage to the Pyramids and of her first encounter with a camel:

The Pyramids themselves I visited twice. Once, only once, on a camel. Some profess to like this mode of transportation. I don't! I was not quite settled in the clumsy and unclean saddle, when the beast had a convulsion on the left (or right) front corner. I dived to the other side, clutching the pommel wildly, but before I was righted a plunge and a kick on the off hind-leg all but unseated me. Another heave at the front, and a final disjointing of the remaining leg completed the uprising. Mounting a camel is an acquired habit and I decided then and there not to acquire it! The beast was up, turning to leer at me, its protruding eyes rolling, lips drawn back, and long yellow fangs within an inch of my knee. I never liked camels in a circus, and I liked them, especially this one, no better in their native habitat. The dragoman's son, a youth of twelve or so, began to walk nonchalantly ahead, allowing the reins to droop gracefully over his shoulder, while I had visions of myself being borne swiftly and smoothly across the desert in the general direction of the Victoria Nyanza. I intimated to my boy that there would be no baksheesh unless the camel was led properly (at this moment the brute again lunged at my boot) and told in his own language, *not* to do that.

MABEL B. CLINT, A.R.R.C.

Next we chanced upon descriptive

writing of such power and beauty that even brief excerpts are evidence of its unusual quality:

A picture of Lemnos is before me—the splendid harbour, anchorage of the Greek Fleet during the siege of Troy; the stony plain, broken by irregular ridges and rocky mounds, practically treeless, in the clefts of which white square-roofed villages clustered; the water towers on every elevation and in the centre of all, the peak of Mount Therma from which tradition says the Greeks used to signal to Mount Athos on the mainland during the ten years of the Trojan War. It was a desolate scene, and a primitive people who were popularly supposed to be taking money from both sides and to have various ways of notifying the Turks of departures from the harbour.

This then was our new sphere of duty—one of the four locales of ancient legend and origins of human history—in which Empire troops fought. The officers and orderlies of our Unit had gone ahead of us on another vessel and spent four blistering days unloading stores and baggage, pitching tents, and trying to organize some sort of system of food supply and sanitation. Minor actions and raids still went on at intervals but for the next six months it was disease that decimated the army on Gallipoli.

There are no piers at Lemnos, so we and our light luggage had to be landed in small boats from a warship, the Navy as usual being on hand for every emergency. Deposited on the beach, we piled suitcases and started on foot for the camp a mile or so away. The rough dry ground, for it had not rained for many months, the sparse scrub, the arid untilled soil, stones, dust and colourless monotony made the walk a long one. Surely since the Lemnian women killed off their husbands, or Jason's Golden Fleece expedition appeared, no stranger procession had wended its way over the inhospitable island. It was a meeting place of the Antipodes, Australians, New Zealanders, Newfoundlanders, Canadians, Irish mingled with the 29th Division of the Regular army, and other Divisions of the Motherland. Indians were there and Greeks and Egyptian labourers, and Turkish prisoners. Mesopotamia and the Dardanelles poured out rich libations of foreign blood to the old gods, Egypt as of old was a refuge and storehouse, and Palestine the happy exception to the tale of failure and gloom.

Men of the "Base Details" and rest camps stared at this odd feminine invasion. A few of the sick wandering aimlessly about, saluted, and seemed to look a little cheered. We heard one of them mutter: "No place for Sisters". Marquees for two sisters each were up, but as someone had looted a brand-new cot, I personally spent the night on the earth. Classic it may be, but I am ready to certify that it was composed of volcanic rock, through which jagged lumps of lava pushed up in spots. Sanitary conditions were appalling, food scarce and bad, heat great. Small quantities of water had to be brought a long distance daily, till engineers had sunk wells in camp, tested and purified them. A scant quart was all we could get to wash in and it had to be used all day. Our first patients with high temperatures were strictly limited for drinks and often could not have even their faces washed for twenty-four hours.

And the frightful plague of flies! With horror and disgust we recall them. We had cut off our sleeves for comfort and coolness, and arms were black with flies and bites. Six months later we still bore the marks of them and of the fleas and vermin which lived with us, apparently having evacuated the Greeks for a new diet. It was difficult to eat or drink without swallowing flies, the tables swarmed with them. Every patient's dressing when removed required someone to stand by fanning vigorously, as a cloud of pests prepared to settle. Pus and maggots abounded and wounds would not heal.

Then one by one the officers, sisters, and orderlies succumbed to dysentery, till only three out of thirty-five nurses were on duty. Canadians seemed to feel the change of climate particularly, but the lack of food, water, and the general environment was the determining factor. Everyone was temporarily or permanently poisoned at Lemnos.

No. 3 suffered still more. They were situated half a mile away, on ground proved to be most unhygienic, an old Turkish war camp. Within a few days of each other, their Matron and a Sister fell victims to the scourge. As the little cortège of those well enough to attend followed the flag-draped coffins on wheeled stretchers with the Sisters' white veil and leather belt laid on them across the dusty brown track, some of the patients in my ward were moved to tears. It always seemed a tragedy to them that anything should happen to the Sisters.

It was expected that other nurses would die, and on the sick returns being sent in to the A.D.M.S., the order went forth that extra graves must be ready for eventualities. So a trench, to hold six, was dug in the officers' lines. A laconic notice-board bore the legend: "For Sisters only". Whether or not the hilarity with which the premature preparation was received cured our invalids I know not, but no more deaths occurred in the Canadian hospitals. Before we left the area two stone crosses were erected for the Sisters, and the men decorated the mounds with designs in white pebbles. So that there is in that desolate foreign Island, close by the Greek church, a corner that is forever Canada.

A few days later the author came in to ask what we thought of her work. She was touched by our enthusiasm but refused to listen to well-meant advice about cutting and trimming and pulling into shape so as to beguile the wily publisher. "As it is, or not at all", said she, with the result that the book was printed privately without benefit of editing or even expert proof-reading. If she had been willing to compromise even a little the book could have been exploited commercially and would have had a larger sale. As it was, relatively few copies were sold and far too many were given away. Nevertheless a day will come when "Our Bit" will be recognized for what it is—a nursing classic. Its humour, its pathos, its passionate denunciation of official stupidity and cruelty will no longer be ignored but will stir the heart and fire the imagination of every nurse who turns its pages.

In "Our Bit" the author refers to one of her comrades at Lemnos in these words:

> We were fortunate in having in the Unit an energetic and capable "Home-Sister" who by dint of driving round the Island discovering what could be obtained, visiting the liners in harbour and getting a preliminary stock from them, sending orders to Egypt and Malta to be delivered by next transport, provided us with sufficient and palatable meals.

This capable "Home Sister" was E. Frances Upton, R.R.C., and it seems fitting that this tribute to the memory of Mabel Clint should close with a word from the kindred spirit who shared her great adventure:

Mabel Clint knew many people and was known of many. Few were so fortunate as to know her intimately for she was one of those great souls of whom one stands in a certain awe. It was my privilege to have been closely associated with her during the Great War and the years that followed, and to have lost human contact with so inspiring and vivid a personality is truly a great loss. We worked, she and I, side by side in France during that memorable experience of St. George's Day and subsequently in 1915 when for the first time in the history of war, hell was let loose in chlorine gas with its resultant ghastly pneumonia and suffering. Again, through those awful months at Lemnos, it was through mutual experience that one learned to admire the magnificent way she applied her nursing knowledge and her ability to face personal hardship and suffering in order to render to the men who were defending us the best she had to give.

On the Island of Lemnos in 1915, our hospital was housed in British-Indian tents, arranged in a line connected together in twos with the "service" tent in the centre of the "line", otherwise the "ward". These lines accommodated approximately 130 patients, the sister-in-charge of line "C" being Miss Clint, her staff consisting of two

nursing sisters and two orderlies. The beds were the so-called "Egyptian" type, of bamboo construction about ten inches high, upon which were placed army "biscuits" (two-piece mattresses). The floor beneath us was good old mother earth, covered with army tarpaulin.

Our patients were the men of the immortal 29th British Division, mostly from Australian and Irish regiments. Many were badly wounded, and, in addition, were suffering from dysentery. For weeks not a day or a night passed without three or four deaths. Morphia being routine treatment, as many as a hundred hypodermic injections had to be given every three hours—*and there was only one syringe available.*

Fresh water was a luxury and was carried to us in barrels for a distance of four miles. Drinking cups and bed pans were at a premium and, because of the water shortage, clean linen was treated with the utmost respect. Night-shirts, thanks to the British Red Cross, were available although a time came when we lacked even these necessities. Because of the low beds, our nursing duties were mostly carried out on our knees until, one by one, Medical Officers and Sisters succumbed to the disease from which our patients suffered.

Very few in our unit lost more than a day or so in an effort to pull ourselves together and continue to carry on and while no special provision was made for relief from the strain (and it was a strain) all understood that time off daily was in order. But Mabel Clint gently and firmly refused to leave, until at the end of fourteen or fifteen hours of constant service she would drag herself to bed. To us she would say —"You may go off duty if you like, you know the situation and the work to be done". Never at a loss to know what to do, she was too well prepared by sound education and training to shrink at anything that presented itself. Nothing mattered except the welfare of those under her care, and never was a nurse more grateful for the knowledge she possessed. She did not conceal her disapproval of the actions of the powers that be, and though this made things a bit hard for her it would have been easier to have moved Gibraltar itself than to have changed her opinion.

In her story of our war experience, she remarks that a Florence Nightingale was badly needed to straighten out the mess of the Gallipoli campaign. In my humble opinion she was there, that second Florence Nightingale, in the person of Mabel Clint, but that fact was not recognized except by those without power to say so.

To my mind, her devotion to God, her King, and the Empire, was her outstanding characteristic and the one which coloured her life and work. She was "all of one piece", yes, one massive piece of truth and dependability. Devoted to duty in time of war to a degree that robbed her of her health, she had no patience with the martyr of a peace-time regime, yet she believed in a shorter and happier working day for nurses and would have helped to fight for it had she been spared. Because of the ill health which was a direct result of her war services, her active nursing career came to an end ten years ago and by this unfortunate circumstance the Canadian Nurses Association lost a highly valuable member. Her service to the British Empire during the War years was officially rewarded, her personal devotion to His Majesty's troops being known only unto God and those who shared it. Of her, as of the fighting men she served so faithfully, it may truly be said:

They shall not grow old as we that are
left grow old,
Age shall not weary them nor the years
condemn,
At the going down of the sun and in the
morning
We will remember them.

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BREAKING THE TRAIL

If anyone were to ask Elizabeth Ross what she most enjoyed doing she would probably say "Putting things in order!" She is a born organizer and, in the many responsible positions she has held, has found full scope for her ability to do a hard job well. In addition to a fine record of military service (which won for her the Royal Red Cross) she has been director of nursing in the Minneapolis City Hospital, the University of Pennsylvania Hospital, and the Olean General Hospital.

Nor has her career been limited to the United States. A graduate of the School of Nursing of the Montreal General Hospital, she has rendered valuable service as superintendent of nurses from 1921 to 1924 at the Victoria Hospital, London, Ontario and, during the past two years has done notable work as superintendent of nurses and principal of the School of Nursing at the Homoeopathic Hospital, in Montreal. When recently she decided to resign this position a delightful buffet supper was given in her honour by the student nurses at which the superintendent of the hospital and the staff nurses were also present. Miss J. Morris, president of the Class of 1939, presented Miss Ross with a handsome desk pen as a token of appreciation from both staff and students.

Miss Ross will spend some time in rest and study in New York before tackling her next project. Whatever it may be, she will surely bring to it the courage, energy and wide experience which have enabled her to do such excellent work throughout her whole professional career.

VICTORIAN ORDER OF NURSES FOR CANADA

The following are the staff appointments and changes of the Victorian Order of Nurses for Canada:

Miss Edith Richardson has been admitted to the Timmins staff, and *Miss Marjorie Cameron* to the York Township staff.

Miss Anne M. Walker has been appointed to the Prince Albert Branch. The vacancy was due to an increase in the staff.

Miss Ruth Morrison will take charge of the Sackville Branch.

Miss Rita Myers, formerly employed on the Moncton staff, has just completed the public health course at the School for Graduate Nurses, McGill University, and will report for duty on the Halifax staff.

Miss Elizabeth Reed, formerly in charge of our Newcastle Branch, who has just completed the public health course at the School for Graduate Nurses, McGill University, has been appointed to the position of nurse-in-charge of the New Glasgow Branch.

Miss Flora Breese, who has been on leave of absence from the Border Cities staff, has just completed the course in public health nursing at the University of Western Ontario, and will resume her duties in the Border Cities.

Miss Joyce MacDonald has resigned from our Sackville Branch.

The following nurses have resigned from the Victorian Order of Nurses for Canada to be married: Miss Ethel Roberts, Miss Elizabeth Rutherford, and Miss Jean Chrysler from the Toronto staff; Miss Eva Sherritt, from the Timmins staff.

NEWS NOTES

BRITISH COLUMBIA

NELSON:

At a recent meeting of the Nelson Graduate Nurses Association, subscriptions were entered for the Canadian Tuberculosis Association, and the Society for the Control of Cancer. The Association welcomed Miss Laura Gutteridge, graduate of the Royal Columbian Hospital, and Miss Gladys Malcolm, graduate of the Royal Inland Hospital, to the Hospital staff and to the Association. Miss Vera Eidt represented the Association at the Provincial Convention in Vancouver.

The June meeting took the form of an annual dinner with about forty members and guests present. The regular business meeting followed the dinner. An innovation in the programme included anecdotes from members, each being asked to come prepared to give her best. This social gathering proved an enjoyable wind-up for the year's activities, and all members expressed satisfaction with the year's work. A successful tea was held recently and a home-made candy booth, realized an appreciable sum for the treasury.

Married: On June 6, 1939, Miss Velda Annette Patience (Royal Columbian Hospital, New Westminster) to Mr. Adam Calvert Broomfield.

Married: On June 6, 1939, Miss Sarah Elwert Maywood (Regina General Hospital) to Mr. Maurice E. Mitchell.

Married: On June 7, 1939, Miss Aimee Edna MacDougall (St. Joseph's Hospital, Victoria) to Mr. John Fraser Piper.

MANITOBA

WINNIPEG:

Winnipeg General Hospital:

The graduation exercises of the Class of 1939 took place recently. Miss Frances Waugh delivered the valedictory, and Dr. D. S. MacKay addressed the graduates. Following the exercises a reception was held.

NEW BRUNSWICK

MONCTON:

The regular meeting of the Local Chapter of the N.B.A.R.N., was held recently with the president, Miss Honeywell, in the chair. After the routine business, a very interesting half-hour was enjoyed when five of the student nurses each read an article from *The Canadian Nurse*. As this was the closing meeting until September plans were made and conveners appointed to start the usual activities in the Fall. A delightful social hour followed.

NOVA SCOTIA

VALLEY BRANCH, R.N.A.N.S.:

The regular meeting of the Valley Branch of the R.N.A.N.S. was held recently at the Swedish Inn, Chester. Reports of the annual meeting were read by Miss K. Harvey. Regular meetings were cancelled for the summer months and an invitation has been extended to the Branch to meet at Middleton in September. A vote of thanks was extended to the hostess of the Inn.

ONTARIO

DISTRICT 1

CHATHAM:

District 1, R.N.A.O., recently held a meeting in the Public General Hospital, Chatham, with Miss Doris Shaw, Sarnia, chairman, presiding. The Invocation was given by Rev. Charles Malcolm, and the address of welcome by His Worship, Mayor J. J. Zink. Dr. Wallis Charteris also welcomed the nurses, and referred to the many ways in which he had been associated with them during his career. The business meeting followed with gratifying reports from the different conveners. Dr. H. I. Reid gave an interesting talk on the uses of sulphanilamide and the progress that has been made with its use. The Rev. Ray Mess spoke feelingly on religion in the nurse's life. A refresher course was discussed, to be held in the fall. The report of the resolutions committee was presented by Miss Head.

The executive were guests of the Public General Hospital at a delightful luncheon and at the close of the meeting the nurses were the guests of the St. Joseph's and the Public General Hospital Alumnae Associations for tea, after which they were taken on a tour through the new wing of the Public General Hospital.

Districts 2 and 3

Guelph:

Guelph General Hospital:

The graduating exercises of the Guelph General Hospital were held recently at the Ontario Agricultural College, when fourteen nurses received the diplomas and the pins of the School.

The president of the Board of Commissioners, Dr. W. J. R. Fowler, presided. The Superintendent, Miss Campbell, gave an interesting report on the activities of the School and the hospital after which the speaker of the evening, Dr. B. T. McGhie, Deputy Minister of Health and Hospitals for the Province of Ontario, addressed the graduating class on public health measures. After the ceremony, a reception was held when a large number of friends and relatives of the Class gathered.

Prizes were awarded to the following: Miss Alma Foreman, for operating room technique and for general proficiency; Miss Hilda Barber, for highest standing; Miss Elsie E. Gemmell, for obstetrical nursing; Miss Ivadale Jackson, for surgical nursing. In the intermediate and junior years, Miss E. Marriott, and Miss P. Gordon were awarded prizes for practical nursing and ethics. The Women's Hospital Aid presented each graduate with a beautiful bouquet of red roses.

The Alumnae Association held a banquet while the guests of honour were the graduating class. The speaker of the evening was Miss Byrne Hope Saunders of Toronto, who gave a most delightful talk on her work in the journalistic field.

Miss L. Ferguson, president of the Association, presided and the toast to the Class was proposed by Miss Madeline Orr and responded to by Miss Margaret Doughty. Miss Jean Laidlaw proposed a toast to the Training School and this was responded to by Miss S. A. Campbell, superintendent. Musical numbers were contributed by Miss Dorothy Young, violinist.

Miss Nora Kenny, of Acton, Ontario, has just completed the University of Toronto Course in public health nursing.

Miss Orr, ward supervisor, Miss Featherstone, obstetrical supervisor, and Miss Smallshaw, instructress, all on the staff of the Guelph General Hospital, have just completed the Refresher Course at University of Toronto in supervision in schools of nursing.

Miss Jeanette Watson has just completed the University of Toronto Course in teaching and administration in schools of nursing and has been appointed ward instructor in the Woodstock General Hospital.

District 4

Niagara Falls:

There was a good attendance at the regular meeting of District 4, R.N.A.O., held recently at the General Hospital, Niagara Falls, with Miss I. McIntosh in the chair. Miss Matilda E. Fitzgerald, executive secretary of the R.N.A.O., gave an interesting address on "A day in the R.N.A.O. Secretary-Treasurer's Office." A delightful tea was served. The next meeting will be in the Fall.

District 5

Toronto:

A warm welcome and the lovely surroundings at Weston Sanatorium, together with an instructive and interesting programme, made the spring meeting of District 5, R.N.A.O., thoroughly successful. Such was the unanimous opinion voiced by the group of one hundred and fifty members who were present. The afternoon session began with the privilege of observing a spinal fusion operation performed by Doctor I. R. Harris, after which a tour of the hospital conducted by members of the staff, was held. This was followed by a business meeting at which Miss Irene Weirs, district chairman, presided. "Tops" among the splendid reports were the résumé of the provincial annual meeting presented by the official delegate of District 5, Miss P. Morrison, the final report of the Arrangements Committee (an outstanding example of work well done) and also worthy of special mention, district membership to date showed an increase of 64 over last year, now totalling 1,128 members.

After an enjoyable supper, the meeting was again called to order for the evening session. Doctor W. J. Dobbie, as guest speaker, spoke on "Anti-tuberculosis efforts in Ontario." An added treat followed when Miss E. MacPherson Dickson and Miss J. Neilson, pioneers with Dr. Dobbie at Weston, told of some of their early experiences at the hospital. A vote of thanks presented by Miss Agnew carried with it the sincere and hearty appreciation of all.

Toronto:

Toronto Western Hospital:

A pleasant feature of the first reunion dinner of the combined Alumnae Associations of Grace Hospital and the Toronto Western Hospital was the presentation to each of the graduating class of a New Testament especially issued to commemorate the Royal Visit to Canada. The presentation was made by Mrs. C. J. Currie, honourary president of the Alumnae Association. Each copy contained a picture of Their Majesties, and an excerpt from the King's

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message to the youth of Canada, which seemed a happy and appropriate one. This read as follows:

"Life is a great adventure, and every one of you can be a pioneer, blazing by thought and service a trail to better things. Hold fast to all that is just and of good report in the heritage which your fathers have left to you, but strive also to improve and equalize that heritage for all men and women in the years to come. Remember, too, that the key to all true progress lies in faith, hope and love. May God give you their support, and may God help them to prevail".

A copy of the New Testament, accompanied by a letter, was sent to the King and the following acknowledgement was received from his secretary:

"Their Majesties send their best thanks for the copy of the New Testament which you have sent on behalf of the nurses of the Toronto Western Hospital who finished their training recently".

Toronto East General Hospital:

The graduation exercises of the School of Nursing of the Toronto East General Hospital were held recently and the seventeen graduates wearing shoulder bouquets made a pretty picture as they filed to their places. The class was addressed by Dr. B. T. McGhie, Deputy Minister of Health for Ontario, and the valedictory address was given by Miss Jean Kendall. The winners of the prizes and scholarships are as follows:

Gold medal for proficiency, Miss Edith Carefoot; silver medal for proficiency, Miss Jessie Fry; prize for highest standing in surgery examination, Miss Beatrice Bradley; prize for surgical technique, Miss Jessie Fry; prize for highest standing in gynaecology, Miss Beatrice Bradley; prize for anaesthetic technique, Miss Noreen Harper; prize for highest standing in examinations, Miss Beatrice Bradley; prize for proficiency in bedside nursing, Miss Catherine Stanford; prize for kindness, sincerity, and tact, Miss Jean Kendall; prize awarded to the nurse losing least time during the course, Miss Elva Bracken. The prize for surgical nursing in the second year was awarded to Miss Dorothy Golden.

The Alumnae Association recently entertained the graduating class at a delightful supper dance.

Members of the bowling league will be glad to note that Miss Helen Rose and Miss Dorothy Dean were winners for the sea-

son. The team won the honours for the highest scoring team, the members being as follows: Miss Helen Rose (captain), Misses Betty Gibson, E. MacLean, Anne Morrison, Florence Cleland, Mmes Bawtenheimer and Purvis.

Miss Noreen Harper, a recent graduate, is now in charge of the Genito-urinary department.

Married: On June 23, 1939, Miss Faye Cunnings (T.E.G.H., 1937) to Mr. Fred Griffiths.

District 6

Lindsay:

A meeting of Chapter C, District 6, R.N.A.O., was held recently at the Ross Memorial Hospital with the chairman, Mrs. Rundle, presiding. Miss Flett introduced Dr. Hall, of Little Britain, who gave a most interesting lecture on Sir John A. MacDonald. At the business meeting which followed the convener of the finance committee handed in eleven dollars to the treasury which had come from bridge parties and donations.

Miss Hogan's report on eight-hour duty was read, and a majority on the vote taken decided to continue eight-hour duty. A part of Miss Baker's report on Central Registries was read and discussed.

Methods for increasing subscriptions to *The Canadian Nurse* were discussed, and Miss Tarpey, having resigned as convener of the nominating committee, Miss Flett was appointed to take her place. An invitation to the graduating exercises at Lindsay Hospital was extended by Miss Reid and arrangements were made to hold our annual picnic. A social hour gave the members from the different hospitals an opportunity to become better acquainted over a cup of tea.

Belleville:

Belleville General Hospital:

Graduation exercises were held on June 2 and twelve nurses received their diplomas and pins. Dr. McGhie, Deputy Minister of Health, was guest speaker and Dr. Gibson, president of the medical staff, addressed the Graduating Class. The Class was entertained at afternoon tea by the Hospital Auxiliary, at a dinner by Mr. Friesen, the administrator, at a theatre party by the undergraduates, and at afternoon tea by Dr. Lily Mathieson. The Alumnae Association held their annual dinner in honour of the Class and an interesting western travel talk was given by Dr. Lily B. Mathieson.

The Alumnae Association recently held their last meeting for the summer with Miss Fitzgerald in the chair and eleven members present. A theatre night was held recently and the Comedy Theatre Players presented G. B. Shaw's comedy, "Candida". The proceeds are for a pediatric ward in memory of Dr. Emma Connor.

Miss Olive Bush has accepted a position on the staff of St. Michael's Hospital, Toronto. Miss Ruth Tyers, (B.G.H., 1939) has accepted a position at Smith Falls Public Hospital. Miss Marjorie Doolittle has accepted a position in the Shriners Hospital, Montreal.

District 7

Kingston:

A meeting of District 7, R.N.A.O., was held at the Ontario Hospital, Brockville, on June 19 with Miss Ann Baillie presiding. Miss Dempster gave an interesting report of the annual meeting of the R.N.A.O., and "Occupational Therapy in Hospitals" was presented by Miss Rapsey, therapist at the Ontario Hospital. After the meeting the members were entertained at afternoon tea by Miss Ardill.

The Alumnae Association of the School of Nursing, Kingston General Hospital, entertained the graduating class at dinner and Mrs. Wallace gave a pleasing and instructive address.

Married: Recently, Miss Dorothy French (K.G.H., 1935) to Mr. G. A. Hutchinson.

Married: On June 2, 1939, Miss Violet Robertson (K.G.H., 1935) to Mr. John Cliff.

Married: On June 5, 1939, Miss Sybil Berry (K.G.H., 1939) to Dr. John MacDonald.

Married: On June 10, 1939, Miss Helen Gordon (K.G.H., 1931) to Mr. Gordon Crawford.

Hotel Dieu Hospital:

In a prettily arranged setting in St. Joseph's Hall seventeen young ladies entered the ranks of the Hotel Dieu Nurses' Alumnae on June 12, 1939. His Worship, Mayor H. A. Stewart presided, Rev. Father Sullivan, chaplain of the Hospital, presented the graduates with their diplomas, and afterwards delivered a splendid address. The Hospital Emblem Pins were presented by Mrs. H. B. Lawler, president of the Alumnae Association. Following the exercises, the members of the graduating class and their friends were entertained at a tea given by the Hospital, arranged by the Alumnae Association and presided over by the Alumnae president, Mrs. W. H Lawler, and the past president, Mrs. W. G. Elder. In the evening the Association held a dance in their honour. The student nurses enter-

tained the class at a banquet at which the entertainment included a three-act play by the preliminary students, and a skit by the junior class, depicting the life of a nurse from her probation days until her graduation.

The annual "Rose Day" in aid of the Hotel Dieu Hospital, held under the auspices of the Alumnae Association, was held recently. From the proceeds the Association has donated a radio for the Residence.

Married: On June 5, 1939, Miss Teresa Pilley (H.D.H., 1933) to Mr. Stanislaus Quinn.

Married: On June 15, 1939, Miss Mary Speagle (H.D.H., 1929) to Mr. Archibald MacDonald.

District 8

OTTAWA:

Ottawa Civic Hospital:

The graduation exercises of the Class of 1939 were held recently when forty-eight nurses received their diplomas and pins. After the ceremony a garden party was held on the Hospital grounds. At the annual dinner held in honour of the Graduating Class, the guests were received by Miss Gertrude Bennett, superintendent of nurses, and by Miss Mayme Downey, president of the Alumnae Association. Mrs. George Black, member of Parliament for the Yukon, was the guest speaker.

The Alumnae Association recently held its annual tea and the guests, which included former graduates and their friends, were received by Miss Gertrude Bennett and Miss Mayme Downey. Misses Blanche Anderson, Jean Vizard, Evelyn Pepper and Dorothy Moxley presided over the tea table. Those in charge of the arrangements were Miss Gertrude Ferguson and Miss Margaret Graves, assisted by the members of the executive.

Miss Davina Pitkethly has been appointed assistant superintendent of nurses at the Strathcona Hospital, Ottawa. Rita Seeley, Alberta Lamont, Helen Thompson, Helen King, and Margaret Wanless, have recently been appointed to the staff of the Ottawa Civic Hospital as head nurses.

Married: Recently, Miss Verla Kennedy (O.C.H., 1932) to Dr. Edmund Evan Simpson.

OTTAWA:

A supper meeting of the public health section of District 8, R.N.A.O., was held recently with twenty-five nurses in attendance. The speaker was Miss Ethel Graham of the Grenfell Labrador Medical Mission, who gave an interesting talk on the adventurous life of a nurse in the Labrador.

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District 9

Kirkland Lake:

Miss H. E. Smith, chairman of District 9, announces that the programme convener, Miss Winifred Walker, and the arrangements convener, Mrs. Ethel North, have the plans for the annual meeting of District 9, R.N.A.O., well under way. The guest speakers will be Miss Mary Millman, of the School of Nursing of the University of Toronto, and Miss Gretta Ross of the Society for Crippled Children, Toronto. The meetings and the banquet will be held in the curling rink at Kirkland Lake. After the banquet a dance is being arranged.

Will all the nurses in District 9 please keep the place, Kirkland Lake, and the date, September 23, in mind and plan to be with us.

North Bay:

"Mirador", Mrs. A. Fraser's lakeshore home, was the scene of a happy occasion when the North Bay Chapter, R.N.A.O., held their annual picnic. Miss Marie Cloutier, chairman, and Miss Ruth Taylor, secretary of the Chapter, were in charge of the arrangements. The hostess was assisted by Mrs. J. Dennis, and Mrs. Maillet and a delicious supper was served at a table decorated with garden flowers. Afterwards a social hour was enjoyed. Those present included members of the Association, a number of married nurses, and student nurses from St. Joseph's Hospital.

QUEBEC

Montreal:

School for Graduate Nurses, McGill University:

The annual meeting of the Alumnae Association of the School for Graduate Nurses, McGill University, was held recently with a large attendance. This meeting followed a delightful dinner given by the Alumnae Association in honour of the Graduating Class of the School.

The officers elected for the coming year are: President, Miss Electa MacLennan; vice-president, Miss Katharine MacLennan; secretary-treasurer, Miss E. Allder; convener, Flora Madeline Shaw Memorial Fund, Miss E. Frances Upton; convener, programme committee, Miss Chrissie Campbell; representatives to Social Council of Women: Miss M. Fox, Miss K. Dickson; representatives to *The Canadian Nurse*: Miss E. Robertson, Miss M. Flander, Miss I. Welling.

Montreal General Hospital:

The graduating exercises of the School of Nursing took place on June 15 when Mr. J. C. Newman, President of the Hospital, presented sixty-nine nurses with their medals and diplomas. General proficiency prizes were presented by the Board of Management to Miss J. M. Roberton, and Miss L. M. Cluff. The Mildred Hope Forbes prizes for highest aggregate marks during the three years were presented to Miss E. F. Ross, and Miss A. I. MacLaren. A special prize was presented to Miss Barbara Baird for second highest standing in theory during the three years. Dr. James B. Ross, in an inspiring address, likened graduation to the launching of a ship; in each case long and careful preparation was essential so that the product might be found worthy. More was required than just the ability to receive instruction in a specific calling. Education was rather a broadening process, which continued throughout the years, and allowed for constant growth. The graduating class also attended a dinner given in their honour by the Alumnae Association. The president, Miss Mary Mathewson, proposed the toasts to Their Majesties, and gave the address of welcome. Miss C. Barrett toasted the graduating class and Miss Margaret M. Macdonald responded. The guest speaker was Miss Rosa Shaw, of The Montreal Gazette, who spoke on the role of women in journalism. Miss Edith Bishop and Miss Barbara Baird gave the class prophecy. Miss Martha MacDonald proposed the toast to "Our Doctors" and Miss N. Kennedy-Reid to "Absent Friends."

Miss Jennie Wareham, (M.G.H., 1934) and Miss Claire Hiscock, (M.G.H., 1934) who left for South Africa in 1936 on an Exchange basis, continue to reside in that country. Miss Wareham is engaged in private duty nursing in Johannesburg and Miss Hiscock is a staff nurse at the Groote Schuur Hospital, Capetown. Miss Marion Cooke (M.G.H., 1930) has recently accepted a position in the operating room (neurosurgery) of the Jewish General Hospital, Brooklyn, N. Y. Miss Dorothy Jones (M.G.H., 1926) has been appointed supervisor of the tuberculous clinic, Saint John, N. B. Miss Evelyn Hamilton, (M.G.H., 1925) has been appointed to the staff of the Temiskaming Hospital, Temiskaming. Miss Mary Mathewson, (M.G.H., 1925), is attending the Summer Session at Teachers College, Columbia University. Miss Alberta Hornibrook, (M.G.H., 1938), who has been doing general duty at the Verdun Protestant Hospital has been appointed assistant superintendent of nurses at the Manitoba School for Mental Defectives, Portage La Prairie, Man.

Married: On June 10, 1939, Miss Helen Louise McElhanney (M.G.H., 1938) to Dr. Donald Arthur Thompson.

Married: On June 17, 1939, Miss Mary Elizabeth Freeze (M.G.H., 1939) to Mr. Hugh Angus Noble.

Married: On July 8, 1939, Miss Hannah Rollit (M.G.H., 1931) to Mr. Arthur Crompton.

Married: On July 8, 1939, Miss Jean Gordon Gray (M.G.H., 1938) to Mr. James Frederick Hughes.

Montreal General Hospital:

And now that we are in the midst of the holiday season and plans for this year have been made, and, perhaps, by this time realized, the Committee on Arrangements for celebrating the Fiftieth Anniversary of the founding of our Training School are urging that in thinking ahead into 1940 you will arrange your vacation so as to be in Montreal during the first week in June, particularly June 3, 4 and 5 which will be the days of especial interest, the highlight days, as it were, of our Golden Jubilee.

In the Autumn, each graduate whose address is known will hear personally, as well as through the Press including *The Canadian Nurse*, regarding the details of the programme and special features in connection with our birthday celebration. From the expressions of loyalty and interest which have already been received from many of our members, the week promises to be one of outstanding joy and happy reunion, and one which we hope will live long in the hearts of those graduates who may be privileged to be present. All correspondence in connection with the Golden Jubilee Reunion should be sent to the Training School office.

Royal Victoria Hospital:

Miss K. Stanton, (R.V.H., 1937) who recently completed the course in teaching and supervision at the School for Graduate Nurses, McGill University, has been appointed to the staff of the teaching department. Miss Frances MacDonald, (R.V.H., 1938) who also took the course in teaching and supervision, will be in charge of the men's medical ward; Miss Margaret Cogswell, the present head nurse, is resigning to take the course in public health nursing at the School for Graduate Nurses. Miss Jessie Cook, (R.V.H., 1937), has been appointed assistant head nurse of the ophthalmological ward. Miss Lorraine MacNichol

Just Off the Press!

Bogert — Nutrition & Phys. Fit., **3rd ed.**
Jensen—Intro. Sociology & Social Problems
Olson — Improvised Equipment, **3rd. ed.**
Reed & Cooley — Textbook of Obstetrics
Turner — Personal & Community Health, **5th ed.**
Williams — Anatomy & Physiology, **6th ed.**

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ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC

The Fall examinations for qualification as "Registered Nurse" will be held in Montreal and elsewhere on October 23rd, 24th, and 25th, 1939.

Application forms and all information may be procured from the Registrar. All applications must be in the office of the Association by September 30th, 1939.

NO APPLICATION WILL BE CONSIDERED AFTER THAT DATE.

Results of examinations will be published on or about December 6th, 1939.

E. FRANCES UPTON, R.N.
Executive Secretary and Registrar,
Suite 1019, Medical Arts Bldg.,
1538 Sherbrooke St. West, Montreal.

EXAMINATIONS FOR REGISTRATION OF NURSES IN NOVA SCOTIA

To take place on October 18, 19 and 20, 1939, at Halifax, Yarmouth, Amherst, Sydney, and New Glasgow. Requests for application forms should be made at once, and forms MUST BE returned to the Registrar by September 18, 1939, together with: (1) Birth Certificate; (2) Provincial Grade XI Certificate; (3) Diploma of School of Nursing; (4) Fee of Ten Dollars.

No undergraduate may write unless he or she has passed successfully all final School of Nursing examinations, and is within six weeks of completion of the course of nursing.

MURIEL J. GRAHAM, R.N., Registrar,
The Registered Nurses Association of Nova Scotia,
413 Dennis Building, Halifax, N. S.

THE MANITOBA NURSES' CENTRAL DIRECTORY
Phone 72 151
214 BALMORAL STREET
WINNIPEG, MAN.

REGISTERED NURSES' ASSOCIATION OF BRITISH COLUMBIA
(Incorporated)

An examination for the title and certificate of Registered Nurse of British Columbia, will be held September 12th, 13th, and 14th, 1939.
Names of Candidates for this examination must be in the office of the Registrar not later than August 12th, 1939.
Full particulars may be obtained from:
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HELEN CARRUTHERS, Reg. N.

(R.V.H., 1933) has resigned as night supervisor of the Montreal Neurological Institute. Her place is being taken by Miss Isabel Dickson (R.V.H., 1936).

Married: Recently, Miss Elizabeth MacRobbie, (R.V.H., 1936), to Dr. John McCannel

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OVERSEAS NURSING SISTERS ASSOCIATION

Calgary Unit

The Calgary Unit are active with preparations for the national convention of the O.N.S.A. to be held in Banff, Alberta, during July 1940 when we are hoping to see many of our comrades. Our Unit has been honoured in having the president, Mrs. H. C. Ironside (Nursing Sister Alice Swanston) presented to Their Majesties. We offer our thanks to the committee, especially to Major General L. R. Le Fleche and Miss E. Smellie, for making arrangements for the Sisters who were honoured at the unveiling of the Memorial at Ottawa. We feel we all had a part in this never-to-be-forgotten ceremony.

Montreal Unit

In honour of their military service, the Montreal Unit of the Overseas Nursing Sisters Association with other veterans, lined part of the route of the Royal Procession when Their Majesties visited Montreal. About fifty-eight Sisters in uniform assembled at the Hussars Armoury and then marched up Shakespeare Road to their allotted space near Beaver Lake. Here they waited for Their Majesties to drive by to the Chalet on Mount Royal. As they passed on their return they both recognized the Sisters, the King saluting and the Queen giving her familiar gesture with the right hand. They passed very near us, in fact near enough to see the Sisters' uniforms reflected in the body of the car, as seen in a snapshot taken by one of the Sisters. It

seemed fitting that the Sisters were given space on Shakespeare Road as it is to be renamed Remembrance Road in tribute to those who gave their lives in the service of King and Country in the Great War. Our Association had the honour of having our president, Mrs. Toller, present at the civic banquet given by the city of Montreal in honour of Their Majesties.

Several of the Sisters attended the very impressive ceremony at Ottawa of the unveiling of the National War Memorial. At Sherbrooke, one of the Sisters, Mrs. Scrimger, widow of the late Dr. F. C. Scrimger, V.C., was presented to Their Majesties.

Ottawa Unit

Wearing their purple berets, medals and civilian dress, 120 members of the Overseas Nurses' Association took part in the ceremonies of the unveiling of the War Memorial by His Majesty the King. From many parts of Canada as far East as Saint John, and West to Winnipeg, old comrades of war days gathered in the biggest reunion in Ottawa since the war. Miss Elizabeth L. Smellie, R.R.C., C.B.E., represented the national president Mrs. H. I. Ironside of Calgary, who was unable to be present. Of the local nursing sisters, Mrs. C. A. Young and Miss Gertrude Halpenny wore the coveted Mons medals with bars. Overseas nurses of Ottawa who wore the Royal Red Cross, the highest honour bestowed on wartime nurses, were Miss Smellie, Miss E. M. Charleson, Miss Yvonne Baudry, Miss Jean I. Bell, Mrs. G. Spalding and Miss A. McNicoll. Matrons of hospitals overseas were Miss Smellie, Miss Charleson, Miss Baudry and Miss Evelyn Wilson. Following the ceremonies, Her Majesty chatted with the nursing sisters informally. The officers of the local unit are: President, Mrs. W. B. MacDermott; vice-president, Mrs. H. W. McGill; treasurer, Miss Elizabeth Clarke; secretary, Mrs. W. G. Smith. During the afternoon Miss Elizabeth Smellie entertained at a delightful tea in honour of the out-of-town visitors.

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The trees are beautiful this summer . . . There has been . . . so much rain . . . that when you walk beneath them . . . you know what Andrew Marvel meant . . . when he sang of "a green thought in a green shade" . . . There has always been . . . a subtle affinity . . . between man and trees . . . Ruthless though he is . . . in his destruction of them . . . they have borne him no grudge . . . but have freely given him . . . food and shelter . . . silence and solace . . . according to his need . . . Beneath them he has worshipped strange gods . . . and from their bitter wood . . . he once fashioned a Cross . . . Deep down . . . most of us . . . cherish the memory of a tree . . . Close your eyes . . . and you may see . . . a rugged pine tree . . . solitary on a point . . . jutting out into a northern lake . . . Its gnarled roots . . . take hold on the gray stones . . . and in the branches there is a whisper . . . like that of distant surf . . . The bark is rough . . . under your hand . . . and the resin gives out its pungent scent . . . in the hot sun . . . But is it your tree . . . That depends upon whether or no . . . it bears the mark . . . by which you would know it . . . among a thousand . . . Perhaps you share our good fortune in having a tree . . . to live beside you . . . Ours is an acacia . . . which flowers in June . . . the hanging clusters . . . of creamy blossoms . . . have such a heady perfume . . . that bumble-bees from miles around . . . hover above them . . . with a drowsy hum . . . At night the leaves . . . close in upon themselves a little . . . but as soon as dawn comes . . . they spread wide again . . . translucent as green sea-water . . . trembling in every puff of wind . . . which comes their way . . . Trees can call to mind . . . a distant landscape . . . you thought you had forgotten . . . To us a cypress . . . will always mean . . . the island of the dead . . . near Venice . . . toward which the black Gondola . . . carries a silent passenger . . . on the last journey of all . . . Pointed fir trees . . . marching in single file . . . up to the snow line . . . will take you back to the Canadian Rockies . . . even if you are really . . . in the Carpathians . . . We are proud to say . . . that a Lombardy poplar . . . once rooted itself from seed . . among the geraniums . . . in our humble window box . . . When winter came . . . we callously left it to its fate . . . but in the Spring . . . it put forth its delicate heart-shaped leaves . . . and by the autumn . . . was a tall and slender sapling . . . By this time . . . we had grown attached to it . . . and transplanted it . . . into a butter-tub . . . with the result . . . that our janitor coldly told us . . . that tenants couldn't have shade trees . . . growing on second-floor fire-escapes . . . We promised we would find . . . a foster home . . . for our fledgling . . . if only he would stay his hand . . . and not call the garbage man . . . At long last . . . a kind friend . . . who has a garden . . . in Notre-Dame de Grace . . . bore away our tree . . . in the back of his car . . . and planted it . . . in a shady corner . . .where it flourishes to this day . . . We go to see it sometimes . . . but we don't think it cares for us any more . . . it likes the children better . . . E. J.

Official Directory

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NOVA SCOTIA

Registered Nurses Association of Nova Scotia

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